

APW

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/693,058
		Filing Date	October 23, 2003
		First Named Inventor	Yun-Hee Cho
		Art Unit	2633
		Examiner Name	
Total Number of Pages in This Submission	10	Attorney Docket Number	3364P145

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Korean Office Action Copies of 2 Korean references (English Abstracts) Return receipt postcard
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 3, 2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Nadya Gordon		
Signature		Date	August 3, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
0.00

Complete if Known

Application Number	10/693,058
Filing Date	October 23, 2003
First Named Inventor	Yun-Hee Cho
Examiner Name	
Art Unit	2633
Attorney Docket No.	3364P145

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	20** = <input type="text" value="0"/>	X <input type="text" value="25.00"/>	= <input type="text" value="\$0.00"/>
Multiple Dependent	= <input type="text" value="0"/>	X <input type="text" value="100.00"/>	= <input type="text" value="\$0.00"/>
			= <input type="text" value=""/>

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251		2251		Extension for reply within first month
1252		2252		Extension for reply within second month
1253		2253		Extension for reply within third month
1254		2254		Extension for reply within fourth month
1255		2255		Extension for reply within fifth month
1401		2401		Notice of Appeal
1402		2402		Filing a brief in support of an appeal
1403		2403		Request for oral hearing
1451		2451		Petition to institute a public use proceeding
1460		2460		Petitions to the Commissioner
1807		1807		Processing fee under 37 CFR 1.17(q)
1806		1806		Submission of Information Disclosure Stmt
1809		1809		Filing a submission after final rejection (37 CFR § 1.129(a))
1810		2810		For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

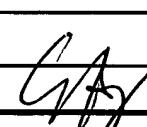
SUBTOTAL (2)

Fee Paid

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature				Date	08/03/05